

Effectiveness of Schema Therapy (ST) and Emotion-Focused Therapy (EFT) on optimism and finding the meaning of life of people with Major Depressive Disorder in Khuzestan Province

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ABSTRACT

Objective: Psychiatric disorders, especially depression, are common among people in the society. This study was conducted with the aim of investigating the Effectiveness of the Schema Therapy and Emotion-Focused Therapy on optimism and finding the meaning of life of people with Major Depressive Disorder in Khuzestan province of Iran. **Method:** 84 patients with major depressive disorder who were selected based on DSM-5-TR diagnostic criteria were randomly divided into three groups, control, Schema Therapy (ST) and Emotion-Focused Therapy groups. To collect data, a demographic questionnaire (age, marital status and level of education), Beck-II Depression Scale, Scheier & Carver Optimism Questionnaire and The Steger Meaning in Life Questionnaire (MLQ) were used. **Findings:** The findings of the research showed that the effect of both Schema Therapy and Emotionally Focused Therapy on optimism and finding the meaning of life of people with depressive disorder was significant. In addition, in a more detailed comparison, schema therapy had a greater effect on finding the meaning of life in patients with Major Depressive Disorder, while Emotionally Focused Therapy was more effective on the level of optimism of these people. **Conclusion:** At the end of this research, it can be concluded that both treatment methods; Schema Therapy and Emotionally Focused Therapy are useful approaches to reduce patients' depression, and this treatment occurs through changes in the level of optimism and understanding the meaning of people's lives, and the effects of these two treatments are relatively stable. The findings of this research can provide useful information for counselors and psychotherapists to use which therapeutic approach or combination of approaches to treat people with depression.

1. Introduction

The term "depression" is used in different ways among people. It is often used to describe this syndrome, but it may refer to other mood disorders or simply low mood (Maloney, 2008). Society's perception of depressive states varies both within and across cultures (Adebayo and Ilori, 2013). What we call 'disease', 'disorder', 'state of mind' and 'treatment' affects how we approach diagnosis (Karases, 2005). According to the latest revised version of *Diagnostic and Statistical Manual of Mental Disorders*¹, Major Depressive Disorder (MDD) is a mental disorder whose main characteristics are depression in various situations and situations, low self-esteem, and disinterest in activities that are usually enjoyable for at least a period of time. It is two weeks (2021). According to the latest version of the International Classification of Diseases (ICD-11), depression is usually accompanied by symptoms such as lack of self-esteem, sleep disorders, eating disorders, fatigue, lethargy and feeling pain for no reason, despair and hopelessness (ICD-11). Also, in some cases, a depressed person may say delusions or see or hear things that others are not capable of feeling. Some patients suffer from recurrent depression; This means that the person experiences periods of depression that may be years apart between each period. (NIMH, 2016²). Depression has so far been the main cause of suicide in the world and is the most well-known mental illness that has been studied for hundreds of years. Food and general health, optimism and hope for life and finding a reason and meaning for life. According to statistics, between 2 and 7% of depressed adults die by suicide (Richards, 2014) and more than 60% of people who die by suicide have had severe depression or other mood disorders (Lynch, 2010).

It is believed that the main cause of depression is genetic, environmental and psychological factors (NIMH, 2016). Also, factors such as family history, major changes in life, some psychiatric drugs, chronic health problems and drug abuse can increase the probability of depression. Of course, in 40% of cases, the genetic factor is estimated to be the main cause of the disease. Diagnosing depression is based entirely on self-reported experiences and cognitive status assessments, and there is no laboratory test to quickly diagnose it; But in some cases, tests are done to rule out certain physical conditions that may cause similar symptoms.

There is a difference between depression and sadness, which is a normal part of life and is milder (Patton, 2015). Usually, people suffering from depression are treated by psychotherapy, drug therapy and prescription of antidepressants (Fournier, 2010). Drug treatment seems to be effective; But its effect may be felt only in acute cases of the disease. Drug therapy can only be useful to bring the patient to a stable state, and psychotherapy by a specialist psychologist is definitely needed along with drug therapy (Keihani far, 2023). Long-term use of drugs without psychotherapy will result in the failure of the treatment process (Kersch, 2008). Therapeutic consultations are also done in the form of cognitive therapies such as schema therapy and interpersonal psychotherapy (Dreisen, 2010).

Schema therapy is used for the treatment of personality disorders and chronic disorders based on two diagnostic and statistical guidelines for mental disorders, such as patients who have not responded to other treatments such as classical cognitive behavioral therapy or have symptoms return, and is an integrative approach (Kellogg, 2008) that The combination of theories and techniques that already exist is achieved; such as cognitive behavioral therapy (CBT), object relations psychoanalysis, attachment theory and Gestalt therapy (Jung, 2003). Schema therapy approach is a fundamental development in cognitive therapy (Nasir Harand, 2022). In this approach, instead of intervening at the level of symptoms, it searches for the deep roots of the creation and maintenance of the client's problems and focuses on the core beliefs and history of the individual (Lewis et al., 2021). Optimism is a positive attitude towards the surrounding world and an optimistic person with such an attitude is trying to see the world in a better way. Schema therapy is generally defined as a structure, template, or framework. (Haji pour, 2019) Optimistic people know that the world is not perfect and ideal and no one can have all the good and excellent qualities, but they are trying to see the positive parts and sides of the issues and

¹ [Diagnostic and Statistical Manual of Mental Disorders, \(DSM-5-TR\)](#)

² The US National Institute of Mental Health

hope that the world will move towards good and No move (Seligman, 2014). The meaning of life or the answer to the question "What is the purpose of life?", "Why are we here?", "What is the meaning of life?" or "What is the ultimate goal of existence?" Depending on different cultural and religious contexts, many and very different answers have been given to these questions (De botton, 1998). Among the seven meanings of "meaning", only three meanings of "function", "value" and "purpose" can be intended. Therefore, the meaning of "life" is either the function of human life, or the purpose of human life, or the value of human life (Boland-qamatpour, 2013). Alain de Botton tries to discover the meaning of life. He believes that we should all take steps to find the meaning of life. A meaningful life is close to a happy life, but it also has fundamental differences. The meaning of each person's life is different from others according to his abilities (Khedri, 2022). People with mental disorders, including major depression, lose their spontaneous optimism, life, environment and people around them and the future, and continue to become pessimistic about life and lose the reason and meaning that can make them fresh and steady for life and get involved in a cycle. The defects of despair and hopelessness, pessimism and emptiness and depression become more severe (Leon-Ho, 2023).

By improving some basic and destructive components such as emotions and negative thoughts, schema therapy seems to be able to generally improve well-being and, as a result, psychological well-being in people (Mehrizi, 2021). In addition to cognitive-behavioral techniques, he also uses other techniques to change patients' beliefs and examines the relationship between emotion and cognition (Dastanai, 2016). Optimism is a positive attitude towards the surrounding world and an optimistic person with such an attitude is trying to see the world in a better way. Optimistic people know that the world is not perfect and ideal and no one can have all the good and excellent qualities, but they try to see the positive aspects of things and hope that the world will move towards good and good. (Seligman, 2014).

The *Emotionally-Focused Therapy* (EFT) is composed of the integration of three systematic perspectives, humanism (Empiricism) and adult attachment theory, and was invented by Greenberg and Johnson in the early 1980s (Amini, 2023). Cognitive emotion regulation strategies help people to regulate negative arousals and emotions (Javidi, 2013). Turning to the key role of emotions in attachment theory, this therapy refers to the important role of emotions and emotional communication in organizing communication patterns and considers emotions as the agent of change. It was created by one of the main founders of this approach (Greenberg, 2010). This approach is based on the belief that feelings and emotions are the key to human identity and that feelings can guide one's choices (Johnson, 2007). The first step in the development of Emotion-Focused Therapy was taken by Johnson and Greenberg (Greenberg and Goldman, 2008, quoted by Karimi et al., 2018). During the growth and experiences of childhood and adolescence, a person may be involved in lack of emotional awareness and avoid his unpleasant feelings, or on the other hand, he may drown in his unpleasant emotions and not learn a way to regulate his feelings. Failure to regulate emotions over time leads to the formation of injuries in a person and provides the basis for getting involved with mental disorders (Javidi, 2013). Therefore, the purpose of this research is to compare the effectiveness of schema therapy and Emotion-Focused Therapy group on optimism and finding the meaning of life of people with major depressive disorder in Khuzestan province in the pre-test, post-test and follow-up phase.

Methods and Materials:

The current research is an experimental type of research and its design is in the form of 3 groups (2 experimental groups and 1 control group) with 3 stages of pre-test, post-test and follow-up. The statistical population of the present study was the patients referred to counseling and treatment centers for mental disorders in Khuzestan province in 2023. From among the statistical population, 84 people formed the statistical sample based on the criteria of entry and exit using the targeted sampling method. Two groups of patients were selected using available sampling method using DSM-5-TR diagnostic interview, psychiatrist's diagnosis, demographic questionnaire (age, marital status and level of education), Beck depression scale, Scheier & Carver Optimism Questionnaire and Steger's meaning of life questionnaire (MLQ). The inclusion criteria are the diagnosis of the mentioned disorder by the treating psychiatrist and project manager based on the diagnostic criteria of DSM-5-

TR, being between the ages of 30 and 39, mastering the Persian language, high school to bachelor's level of education, living in Khuzestan province, and informed consent. Exclusion criteria are alcohol and substance abuse, severe drug therapy, presence of other physical diseases such as epilepsy and receiving frequent electroshock therapy, and determination of lack of entry requirements (age, education, etc.). A demographic questionnaire (age, marital status and level of education), Beck depression scale, Shier and Carver's optimism questionnaire and Steger's meaning of life questionnaire were used to collect information.

The information was collected by a trained researcher in the field. People were replaced in 3 groups of 28 people (two experimental groups and one control group). The selected sample was matched in terms of demographic characteristics such as the number of past relapses, age, sex, education and socio-economic classification, which could affect the results of the research based on the conducted research. The age of 30-39 years was examined for matching. The participants in the research were men with a bachelor's degree or undergraduate students, and the three groups were equal in terms of education. Also, the socio-economic class was determined based on income. In all three groups, a pre-test was conducted to determine the dependent variables of the research, and then an experimental group of 28 people received schema therapy (10 sessions of 90 minutes) and another 28 people received Emotion-Focused Therapy (EFT) (10 sessions of 90 minutes) and the other 28 person were in control group. After the end of the training (5 months later), the research variables were measured again. At the beginning of each session, the assignments of the previous session were reviewed and then trainings were given, and at the end of the sessions, questions and answers and solving the problems of the participants were done. In order to comply with research ethics, the people of the control group were placed on the waiting list so that after the end of the research, treatment sessions would be organized for them.

Tools

Beck Depression Scale

The Beck depression scale consists of 21 questions that measure the severity of depression symptoms in four-digit scales from 0 to 63 according to the physical, behavioral and cognitive symptoms of depression (Fathi Ashtiani, quoted by Hajipour, 2019). By reviewing the studies that used this scale, Beck and his colleagues found that its reliability coefficient varied from 0.48 to 0.86 using the test-retest method in terms of the distance between the times of implementation and also the tested population. Again in 1996, Beck et al obtained a test reliability coefficient of 0.93 at a one-week interval (Beck, Steer, & Carbin, 1988). Regarding the reliability of this questionnaire, various studies also estimated its reliability well. Cronbach's alpha of the Beck depression scale in the present study was 0.81.

Scheier & Carver Optimism Questionnaire

The Scheier & Carver Optimism Questionnaire (1985) consists of 10 items, based on a 5-point Likert scale, to measure dispositional optimism and assess individual differences in general optimism and pessimism in people. The original form of this test was 12 questions. Then, in 1994, this test was revised by Scheier, Carver, & Bridges and became a 10-question test and was named the Revised Life Orientation Test. To measure optimism, Shier and Carver's optimism questionnaire is used. The revised version of the life orientation test is shorter than the original test (including 6 items, 3 items indicating optimistic perception and 3 items indicating pessimistic perception) and the items are rated on a five-point Likert scale from completely agree (zero) to completely disagree (four).) is answered. The internal consistency coefficient of the revised life orientation test was reported as 0.72 in the study of Steinhart and Dolbeer (2008) and 0.83 in the study of Segerstram, Ivanso Eisenlor-Moll (2011).

The Steger meaning of life questionnaire

The Steger meaning of life questionnaire (2010) measures two dimensions of meaning in life, i.e., the presence of meaning and the search for meaning, using 10 items based on a seven-point Likert scale from completely false (1) to completely true (7). Completing the questionnaire takes about 3-5 minutes. Research shows the validity and stability of questionnaire scores and its convergent and discriminant validity (Steger and Shin,

2010; Steger and Kashdan, 2007; Steger, Kashdan, Sullivan and Lorentz, 2008; Steger, Kawabata, Shimai and Onik, 2008). For example, very good internal consistency (alpha coefficients between 0.82 and 0.87) has been reported for both scales (Steger, Fraser, Ishii, & Kaler, 2006) and adequate test-retest reliability (0.70) at a one-month interval. for the presence subscale and 0.73 for the search subscale) was obtained (Steger et al., 2006).

Intervention

Schema therapy is based on Geoffrey Young's schema therapy protocol (Young, J. E, 1990) and consists of 10 90-minute sessions. Emotion-Focused Therapy (EFT) is based on the protocol of Lesli S. Greenberg (Greenberg, Lesli, 2007) in 10 sessions of 90 minutes.

Table 1: Content of Schema Therapy sessions

Objectives, summary (content) and tasks of schema therapy (ST) sessions		Sessions
Goals of Treatment	Content	
Communicating and providing additional explanation about the pre-tests taken	Introducing the course, goals and expectations, examining how the problem is formed and persisting, answering questions about the pre-tests taken, specifying the patient's and the therapist's expectations from the treatment.	1
Initial assessment, patient understanding, and education about schemas and coping styles	Teaching primary maladaptive schemas, their types and characteristics, explaining coping styles, cognitive-behavioral pattern and creating a therapeutic agreement, teaching patients about the nature of depression and its effect on the nose and finding the meaning of life.	2
Cognitive strategies	Presenting the logic of cognitive techniques and the metaphor of war, carrying out the schema validity test, using empathic confrontation therapy style, redefining schema-confirming evidence, identifying pressures, avoidances and fundamental beliefs, identifying distorted thoughts, examining thoughts, antecedents and post-futures.	3
Cognitive techniques	Evaluating the advantages and disadvantages of people's coping responses, evaluating the cycle of thoughts and behavior of clients and training about cognitive distortions, and identifying cognitive distortions, correcting dysfunctional thoughts, changing and correcting cognitive distortions, establishing a dialogue between the schema aspect and the healthy aspect, using the devil's advocate game and developing educational structures, critically examining evidence supporting the schema, discussing past and current experiences	4
Experimental strategies	Presenting the logic of experimental techniques and its goals, mental imagery, relating the mental image of the past to the present, conducting an imaginary conversation, teaching the pattern of primary ineffective schemas	5

Experimental techniques	Identifying domains, processes, behaviors and schema styles, identifying primary dysfunctional schemas, modifying schemas, using emotional techniques	6
Behavioral pattern breaking	Presenting the logic of behavioral techniques, stating the purpose of behavioral techniques, mental imagery and emotional discharge, determining a comprehensive list of specific behaviors as the subject of change, providing solutions, prioritizing behaviors to break the pattern, identifying the most problematic behavior	7
Behavioral techniques	Increasing the motivation to change behavior, removing behaviors that perpetuate the schema, adjusting and trying to stabilize emotions and positive and pleasant thoughts in order to increase optimism and the meaning of life.	8
Reviewing techniques and troubleshooting	Eliminating avoidances and increasing healthy coping behaviors, reviewing and examining evidence-contradicting schemas, position-opposite technique, preparing illustrated educational cards contradicting schemas.	9
Post-test of the subjects and the conclusion of the sessions	Reviewing the meetings and achievements and fixing the problems, reviewing the completed assignments, analyzing the benefits and losses of the schemas, summarizing and conclusions, taking the post-test from the subjects, concluding the meetings, thanking and saying goodbye.	10

Table 2: Content of Emotion-Focused Therapy (EFT) sessions

Objectives, summary (content) and tasks of Emotion-Focused Therapy (EFT)			Sessions
goals of treatment	Content	Assignment or homework	
Assessment and planning to focus on the content and structure of the program and explain the pre-tests taken	Introduction and communication (report), initial assessment of the nature of the work, checking the client's motivation and expectation and providing explanations about the structure of the meetings and their relationship with the	Practicing key skills, self-evaluation, giving and receiving feedback, paying attention to emotional states and focusing on pleasant emotions and looking for positive points in life.	1

	pre-examinations taken.		
Identifying faulty interaction cycles in different situations and removing them and replacing them with positive and pleasant interactions, bringing concerns and conflicting issues to the next meeting	Discovering unpleasant and negative emotions regarding optimism and the true meaning of life, giving depth to positive emotions, focusing on one's life and not the lives of others, and expressing wishes and important issues.	Continue to evaluate and identify the cycle of positive and constructive emotions and determine general goals	2
Strengthening continuity and analyzing and changing emotions in different situations, feeling optimistic and trying to search for the meaning of life	Unlocking outstanding experiences related to positive and reality-based emotions regarding optimism and meaningfulness of life, examining the patient's concerns and contradictory issues in the meeting and resolving them.	Identifying faulty interaction cycles and removing them and replacing them with positive and pleasant interactions, identifying past negative thoughts and challenging them, and reporting the results in the next meeting	3
Intensification of emotional experience in optimism towards life and search for its meaning	Accepting emotions and opening the field of conversation regarding the existence or impossibility of optimism and a new outlook on life and finding its meaning, reshaping the outlook on life	Identifying the reasons for not being able to focus on positive emotions and trying to eliminate them, symbolizing new positive emotions and meaningful life items	4
Exercising positive and pure emotions and reviewing and strengthening categories that give meaning to life	Reconstructing interaction and encounters with emotions and changing events and outlook on life, discovering new ways for sustainability and implementing training	Accepting emotions and identifying their strengthening needs, trying to create an infrastructure	5

Creating new interactive patterns and acquiring emotions in line of the goals of the session are to discover the fears caused by looking at life and positive thinking	Optimistic engagement of clients with the surrounding environment and people around them, accepting new situations and building emotional stories from life and redefining optimism and giving meaning to life	Discovering the main emotions and making them stable with the taught methods, completing the table of how the emotions and behavior of the people around you are affected.	6
Creating emotional solutions in order to increase optimism and the meaning of life and remove the edges (edges caused by negative, destructive and pessimistic patterns)	Help clients to list the positive points of life, possibilities, and achievements, encourage focusing on achievements and try to find the meaning of life without regrets.	Encouraging changing the outlook on life, increasing positive and hopeful points, increasing realistic and constructive optimism, and encouraging expressing negative and negative things.	7
Reframing emotions, focusing and deepening them and focusing on the positive points of life and its achievements	Investigating the causes of the impossibility of focusing on positive and pleasant emotions and evaluating each one of them and solving the problems, managing and controlling emotions and guiding them	Practice focusing on positive emotions and repeating them, practice strengthening the positive points of life and its achievements	8
Rebuilding the way emotions are expressed, promoting new ways of looking at life and expressing realistic emotions	Orientation and design of effective methods in the stability of emotions and their stabilization in different situations, experience and implementation of achievements in the treatment session	Encouraging adaptive responses to unpleasant incidents and events and insisting on maintaining good behavior and adhering to the principles of new life	9
Consolidation of the situation and new answers to unexpected cases, supporting optimistic thoughts and giving meaning to life, taking post-tests from the subjects.	Summarizing and reviewing the main meetings and learnings, establishing interactive, constructive and sincere conversations, returning the changes to the members and creating an opportunity to review, concluding the thank-you and goodbye meetings.	Discussing the strengths and weaknesses of the treatment, examining the achievements of each client during the treatment sessions, conducting the post-test	10

The data obtained from the study investigated and statistically analyzed with descriptive statistical methods and numerous statistical tests using the 24th version of SPSS statistical software.

Results

1- Descriptive statistics (Demography)

According to Table No. 3, the results of descriptive statistics in the study show that 51.2% of the participants in this study were single and 48.8% were married. Regarding the work status of the study participants, 79.8% were employed and 20.2% were jobless. Also, the data obtained from descriptive statistics showed that 54.8% of the participants in the study were tenants, 19% of them had their own house and 26.2% of them had their father's house. Examining the number of children of the participants in this study also showed that 51.2% of people without children, 22.6% of people with one child, 13.1% of people with two children, 3.6% of people with 3 children and 1.2% of people with There have been more than 3 children.

Table 3: Demographic frequency table			
Items	Situation	Frequency	Percentage Frequency
Marital Status	Single	43	51.20%
	Married	41	48.80%
Employment status	Employed	67	79.80%
	Jobless	17	20.20%
Housing	Tenant	46	54.80%
	Personal house	16	19%
	Paternal house	22	26.20%
Number of children	Without children	43	51.20%
	One child	19	22.60%
	Two children	11	13.10%
	Three children	3	3.60%
	More than 3 children	1	1.20%

2- Depression variable

Based on the results of Tables 4 and 5, after ensuring the normality (Kolmogrov-Smirnov test) and the homogeneity of the data (Leven's Test), in order to investigate the significant difference between the three control, Emotion-Focused Therapy and schema therapy groups in terms of depression variables from single covariance analysis variable was used.

Table 4: Kolmogorov-Smirnov test results

Tests	Groups	K.S Test	df	sig	The Result
Depression	Control	0.11	28.00	0.20	Confirmed
	Emotion-Focused Therapy	0.17	28.00	0.06	Confirmed
	Schema Therapy	0.12	28.00	0.20	Confirmed
Optimism	Control	0.14	28.00	0.11	Confirmed
	Emotion-Focused Therapy	0.11	28.00	0.20	Confirmed
	Schema Therapy	0.12	28.00	0.20	Confirmed
The meaning of life	Control	0.14	28.00	0.12	Confirmed
	Emotion-Focused Therapy	0.08	28.00	0.20	Confirmed
	Schema Therapy	0.17	28.00	0.07	Confirmed

Table 5: The results of Leven’s test of homogeneity for depression factor

Variable	F	Df1	Df2	sig
Depression	7.53	2	81	0.06

The results of univariate covariance analysis showed that depression in the post-test stage in the three control, Emotion-Focused Therapy and schema therapy groups had a significant difference with each other at the error level of 5% (F=86.69, P<0.05), (Table 6).

Table 6: Univariate covariance analysis of total depression scores in the control, Emotion-Focused Therapy and schema therapy groups with pre-test control

Sources of Variation	Sum of Squares	Degrees of Freedom	Mean Squares	F	Sig	Eta squared
Pre-test	521.96	1	521.96	521.96	00.00	0.52
Post-test	845.72	2	42.36	7.03	00.00	0.15
Error	481.67	80	60.02			
Total	28680	84				

In general, the average comparison results showed that the total depression scores of the control group with an average of 19.82 were significantly higher than the Emotion-Focused Therapy group with an average of 16.32 and there was no significant difference between the control and schema therapy groups (Table 6).

Table 7: Mean and standard deviation of depression variable in the control, Emotion-Focused Therapy and schema therapy groups

Variable	Control group	Emotion-Focused Therapy group	Schema Therapy group
Overall performance	^a 19.82 ± 3.49	^b 16.32 ± 4.26	^{ab} 18.14 ± 2.59

3- Optimism variable

Based on the results of Tables 4 and 8, after ensuring the normality and Leven’s test of homogeneity of the data, univariate covariance analysis was used to investigate the significant difference of the optimism variable between the three Control, Emotion-Focused Therapy and Schema Therapy groups.

Table 8: The results of Leven’s test of homogeneity for optimism factor

Variable	F	Df1	Df2	sig
Depression	1.9	2	81	0.34

According to Table No. 9, the results of univariate covariance analysis showed that the optimism factor in the three Control, Emotion-Focused Therapy and Schema Therapy groups after the test had a significant difference with each other at the error level of 5% (F = 20.03, P < 0.05). In addition, the pre-test variable is significant at the 1% error level and it shows that we have chosen the control factor correctly. (Table 5).

Table 9: Univariate covariance analysis of total Optimism scores in the control, Emotion-Focused Therapy and schema therapy groups with pre-test control

Sources of Variation	Sum of Squares	Degrees of Freedom	Mean Squares	F	Sig	Eta squared
Pre-test	111.74	1	111.74	20.03	00.00	0.20
Post-test	54.48	2	27.24	4.88	00.01	0.10
Error	446.08	80	5.57			
Total	26431.10	84				

In general, based on the average comparison results listed in Table No. 10, it was found that the total optimism scores of the Emotion-Focused Therapy group with an average of 18.28 were significantly higher than the control groups with an average of 16.57 and schema therapy with an average of 17.75. There is no significant difference between Emotion-Focused Therapy and Schema Therapy groups.

Table 10: Mean and standard deviation of Optimism variable in the control, Emotion-Focused Therapy and schema therapy groups

Variable	Control group	Emotion-Focused Therapy group	Schema Therapy group
Overall performance	^b 16.57 ± 2.94	^a 18.28 ± 2.47	^b 17.75 ± 2.41

4- Meaning of life Variable

After ensuring the normality and homogeneity of the data (Tables No. 4 and 11), univariate covariance analysis was used to investigate the significant difference of the meaning of life variable between the three control, Emotion-Focused Therapy and schema therapy groups.

Table 11: The results of Leven’s test of homogeneity for the Meaning of life factor

Variable	F	Df1	Df2	sig
Depression	3.72	2	81	0.07

According to Table No. 10, the results of univariate covariance analysis indicate that the meaning of life factor in the three control, Emotion-Focused Therapy and schema therapy groups had a significant difference with each other at the error level of 5% (F = 60.62, P<0.05).

Table 12: Univariate covariance analysis of total the meaning of life scores in the control, Emotion-Focused Therapy and Schema Therapy groups with pre-test control

Sources of Variation	Sum of Squares	Degrees of Freedom	Mean Squares	F	Sig	Eta squared
Pre-test	672.84	1	672.84	60.62	00.00	0.43
Post-test	259.02	2	129.51	11.66	00.00	0.22
Error	887.93	80	11.09			
Total	62164/0	84				

In general, the average comparison results in Table No. 13 showed that the total scores of the meaning of life belonging to the schema therapy group with an average of 28.57 were significantly higher than the control group with an average of 24.60. But there is no significant difference with the Emotion-Focused Therapy group with an average of 27.25.

Table 13: Mean and standard deviation of the Meaning of life variable in the control, Emotion-Focused Therapy and schema therapy groups

Variable	Control group	Emotion-Focused	Schema Therapy
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		Therapy group	group
Overall performance	^b 24.60 ± 4.14	^a 27.25 ± 4.15	^a 28.57 ± 4.83

5- Correlation

The results of the Pearson correlation of the total scores of the studied variables are shown in Table No. 14. The findings of the results indicate that there is a negative and significant relationship at the error level of 1% between depression and optimism variables with a correlation of 0.259. It is worth mentioning that there is no relationship between the meaning of life and the two factors of depression and optimism.

Table 14: Pearson correlation of total scores of studied variables the depression, optimism and meaning of life

	Depression	Optimism	The meaning of life
Depression	1		
Optimism	- 0.259*	1	
The meaning of life	- 0.38	- 0.89	1

Discussion

The present study was conducted with the aim of comparing the effectiveness of schema therapy and Emotion-Focused Therapy group on optimism and finding the meaning of life in people with major depression disorder. The findings of the research showed that the effect of both schema therapy and Emotion-Focused Therapy group approaches on optimism and finding the meaning of life of people with depressive disorder was significant. In addition, in a more detailed comparison, schema therapy had a greater effect on finding the meaning of life in patients with depressive disorder, while Emotion-Focused Therapy group was more effective on the level of optimism of these people. These findings were in line with the research results of Genz et al. (2022), Morkani (2021), Nikogufar and Sangani (2020), Motaghi et al.

In explaining the present findings, it can be said that schema therapy techniques are based on the idea that many psychological problems, including depression, are rooted in primary maladaptive schemas. These schemas are negative thinking and behavioral patterns that are formed in childhood and adolescence and are automatically activated in adulthood (Bech, Lockwood, & Young, 2018; Bernstein et al., 2021). People with depression often have schemas such as feelings of worthlessness, hopelessness, or disapproval. By identifying these schemas, schema therapy helps a person become aware of their negative effects and gradually change them. This change is done through cognitive, experimental and behavioral therapy techniques. In schema therapy sessions, the therapist first helps the person to identify the mental schema. Then, using various techniques, the person is encouraged to look back on their childhood experiences and challenge false beliefs. Eventually, one learns to change these negative beliefs and speak of oneself in a more positive and realistic manner. By changing the schema, a person begins to see his opportunities and abilities, and as a result, he becomes more optimistic about the future. This change in perspective can also improve his understanding of the meaning of life, as he now sees life as an opportunity for growth and development (Lewis et al., 2021). In addition, schema therapy helps to release emotional avoidance by identifying ineffective coping strategies such as suppressing rumination and worry by using techniques such as validating the expression of acceptance, mindfulness emotion, associating emotions with higher values, tolerating mixed feelings (Ogoz et al., 2019).

In addition, further explaining the findings, it can be said that Emotion-Focused Therapy group helps people to experience and manage their emotions in a healthier way. This process can lead to increased self-awareness, acceptance of emotions, and as a result, increased optimism and improved understanding of the meaning of life. This approach helps people deal with negative emotions such as sadness, anger or fear that may prevent them from seeing the positive aspects of life. Because unknown underlying emotions are the cause of psychological distress and depression in many cases (Varana and Greenberg, 2018). Therefore, by processing and expressing these emotions in a safe environment, a person can achieve a deeper understanding of himself and his

experiences. This deeper understanding can lead to a more positive and optimistic outlook on life. Further, by processing these emotions, one may find a deeper meaning in life because instead of repressing emotions, one accepts them as part of one's life path. By accepting and expressing emotions, a person may find a new meaning for his life, for example, that life includes all emotions and these emotions help him grow and become a more complete person. Therefore, in the first step, awareness of basic and underlying emotions plays an important role in reducing psychological distress and depression (Timolak et al., 2018).

The results of this research show that both treatment approaches (Emotion-Focused Therapy and schema therapy) have been effective in reducing the level of depression and increasing the optimism and meaning of life of the treated people compared to the control group. Table No. 7 shows a significant reduction in the level of depression in the Emotion-Focused Therapy group (16.32) compared to the control group (19.82), which means that this type of treatment has been able to help improve people's mental states by focusing on processing emotions. Although schema therapy also reduced depression (14/18), it seems that its effect in reducing depression was less than Emotion-Focused Therapy group. The significant reduction of depression in the Emotion-Focused Therapy group compared to the control group shows that focusing on the processing and regulation of emotions can greatly reduce the symptoms of depression. These findings indicate that Emotion-Focused Therapy group is more effective in improving depression symptoms than schema therapy, perhaps because it focuses more on changing and regulating negative emotions instead of working on cognitive schemas and behavioral patterns.

On the other hand, the results of Table No. 10 show that both treatment groups have significantly improved people's optimism. The results of the Emotion-Focused Therapy group with an optimism rate of 18.28 compared to the control group (optimism 16.57) indicate that this therapeutic approach has helped to increase optimism in people's lives by processing and changing negative emotions and strengthening positive emotions. It was slightly higher than the schema therapy group (17.75). In terms of the meaning of life, the average scores of the Emotion-Focused Therapy group (27/25) and the schema therapy group (28/57) in Table No. 13 show a significant improvement in these two groups compared to the control group (24/60). Interestingly, the schema therapy group showed even better results in the meaning of life. This difference may be due to the deeper effect of schema therapy on more stable and meaningful cognitive patterns in people's lives. To comparing these two approaches, it can be said that schema therapy is usually recommended for people who have deeply incompatible schemas. This method creates a more positive view of life by fundamentally changing negative beliefs and incompatible schemas and gradually reduces depression by focusing on the structural change of mental and behavioral patterns (Rezaei et al., 2016). While Emotion-Focused Therapy group quickly focuses on the current emotions and emotional experiences of the person and is more effective for people who need immediate emotional processing or people whose main problem is the inability to express or properly process emotions. By helping to experience and process emotions, this method helps people to experience and manage their emotions in a healthy way to reach a deeper understanding of themselves and the meaning of life (Wiesel et al., 2021). Finally, the choice between these two methods depends on the type of depression and the individual characteristics of the patient. Both methods are somehow complementary and depending on the type and severity of depression, the combination of these two approaches may bring the best results.

Conclusion

From the findings of this research, it can be concluded that both treatment methods; Schema therapy and Emotion-Focused Therapy group are useful approaches to reduce patients' depression, and this treatment occurs through changes in the level of optimism and understanding the meaning of people's lives, and the effects of these two treatments are relatively stable. The findings of this research can provide useful information for counselors and psychotherapists to use integrative therapy during the treatment of people suffering from depression because the focus of Emotion-Focused Therapy group is on emotion and it uses emotion to guide and stimulate the person towards new activities and responses. Moreover, schema therapy focuses on self-destructive patterns of thinking, feeling, and behavior that are rooted in a person's childhood and are repeated

throughout a person's life. In addition, psychotherapists should consider the fact that in the field of improving optimism, Emotion-Focused Therapy group showed a relative superiority compared to schema therapy, while schema therapy was a more effective approach in finding the meaning of life. Therefore, according to the process they will take to treat the disorders, they can choose a more effective method.

The limitation of the study is that the study was in one province (Khuzestan province) of Iran, and using the self-reporting tools and questionnaire were among the limitations of the current research. It is recommended to generalize the obtained results to other patients with similar conditions with caution.

Conflict of interest

"No conflicts of interest are disclosed by the authors."

Gratitude

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